

POSITION	INITIALS	ID. NO.	DATE
FEE DETERMINATION	HL		4-20-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LR	JCS/705	06/21/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim		Date	
Final	Original		
1	05/10/01		
2	02/29/01		
3	03/03/01		
4	04/04/01		
5	05/05/01		
6	06/06/01		
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8	08/08/01		
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If more than 150 claims or 10 actions  
staple additional sheet here

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4/21/01